

EDITORIAL

Civil Defense—Your Responsibility

THE SEEMING ABATEMENT in international tensions initiated by the top-level meetings in Geneva and abetted by our inherent desires for peace have contributed to a sense of security whose foundation is far from secure. Even our President and his Secretary of State recently have warned the nation lest we exchange the cold facts of demonstrated communistic plans of aggression for the warmth of wishful thinking.

Unfortunately, the tides of Civil Defense rise and fall with the popular concern over the dangers of enemy attack. The Kremlin must take great satisfaction in the present low ebb of Civil Defense interest on the part of the American populace. Our nation cannot afford again to be unprepared if and when the enemy strikes. Lest some may read these lines with the cynic's jaundiced eye, let him think back only a little more than a decade, when proud ships of our navy were sunk at anchor and the infantry shouldered broomsticks and the artillery maneuvered stove pipes. The gravity of a future attack lies in the fact that those who will suffer from the lack of preparedness are not only the military but, even more, the civilian American men, women and children within as well as without the continental limits of the United States.

American physicians traditionally have played an active role in the defense of our nation. In fact, seldom in the annals of history has a profession rallied as did ours during World War II when one-third of the total strength of our profession volunteered and served with the armed forces. Again our nation faces a real crisis. We are living in the time of the so-called cold war—a kind of warfare made all the more dangerous by virtue of the psychological combat of nerves wherein the winner subtly succeeds in wearing down an opponent to a status of indifference. No factor will destroy Civil Defense

effort faster and more thoroughly than popular indifference.

Nothing in our history has prepared our nation for the ruthlessness of atomic warfare carried out on our own home soil. Future warfare will not differentiate between the military and civilian population, for to destroy the source of the bomber or aircraft carrier is far more effective than to destroy the finished product on the field of combat. The enemy will attempt to liquidate population centers in the hope that the psychological impact of devastation will break the morale of the American people.

In the final analysis a major factor in the survival of our nation will be the ability of American physicians to cope with the problems of mass casualties. No physician, however inadequate he or she may feel professionally, or regardless of the distance removed from target priority potentials, can absolve himself or herself of the responsibilities of Civil Defense preparedness. In the light of the destructive nature of total war it becomes increasingly apparent that much of the medical support for human salvage in the event of national disaster must come from the satellite communities. Thus, every physician—specialist or general practitioner—whether from a rural area or metropolitan center, will have a direct medical responsibility in the care of casualties.

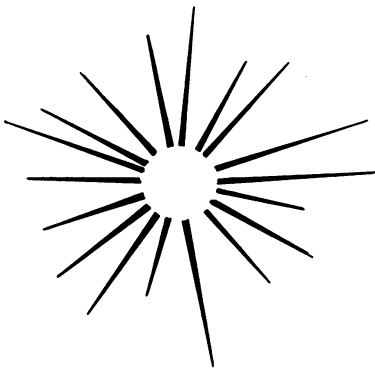
Communities will look to their physicians for leadership in certain phases of Civil Defense and unless this leadership is forthcoming and intelligent, we will have failed miserably in our responsibility to our community and our nation alike. In order to discharge this obligation effectively, the American doctor should study the rudimentary fundamentals of mass casualty care; the value of accurate triage; the problems of rapid and distant patient evacuation; the basic therapeutic considerations in the handling of large numbers of severely burned casualties; the logistics of whole blood, plasma and plasma expanders as related to a national emer-

gency; the prevention and treatment of radiation injury and many other problems associated with Civil Defense.

Fatalism, a grossly inaccurate attitude, has no place in the scientific repertory of the American doctor. Just as dangerous is the philosophy that medical preparedness can be forged in the fire of enemy attack, for under the new terms of war the initial blow may well be the most critical. The only acceptable course remaining for American medicine is to prepare realistically for a possible national catastrophe with the sincere prayer and fervent hope that the results of this preparation will never culminate in disaster application.

So swift, nowadays, is the pace of invention of new ways of destruction that no program of Civil

Defense can remain static. This issue of CALIFORNIA MEDICINE is given over to medical aspects of Civil Defense in order that the latest developments can be reported and physicians can bring themselves up to date on the problems they will face and the duties that will be theirs should our country be attacked. This special edition was brought into being by Dr. W. Dalton Davis, who is medical consultant of the Medical and Health Services Division of the California Office of Civil Defense, and by Dr. Justin J. Stein, chairman of the Committee on Military Affairs and Civil Defense of the California Medical Association. They and the other physicians who have written informative articles for this issue deserve our thanks for this service to their colleagues and their country.



WITH WARNING

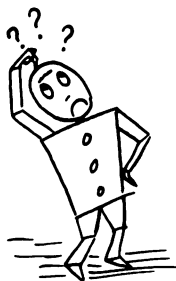
IMMEDIATELY REPORT TO
YOUR CIVIL DEFENSE
ASSIGNMENT

IF THIS IS NOT POSSIBLE,
REPORT TO THE NEAREST
MEDICAL INSTALLATION

WITHOUT WARNING

TAKE IMMEDIATELY AVAILABLE
COVER. DO NOT LOOK AT THE
BRILLIANT FLASH. IF IN CAR
AND NO SHELTER AVAILABLE,
STOP AT CURB, CLOSE ALL
WINDOWS, TURN CAR RADIO ON,
LIE ON FLOOR OF CAR.

AS SOON AS POSSIBLE CARRY
OUT CIVIL DEFENSE ASSIGN-
MENT.



M. D.

WHAT TO DO ?

KNOW YOUR C.D. ASSIGNMENT. LEARN ALL ABOUT C.D.